

**Montana WIC Program**  
**Alternate Means of Signature for WIC Benefits**



I, \_\_\_\_\_ have received the following WIC Benefits.  
Printed Name of Participant

1. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

2. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

3. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

4. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

5. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

6. \_\_\_\_\_ Starting Number \_\_\_\_\_ To \_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Signature of:  
Participant  
Parent/Guardian  
Proxy  
Authorized Representative

\_\_\_\_\_  
Date

INSTRUCTIONS: Scan completed form into appropriate participant folder(s).